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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

MAY 06 2002

MICHAEL W. DOBBS, CLERK  
UNITED STATES DISTRICT COURT

Wilbert Jackson

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

DOCKETED  
MAY 06 2002

02C 3241

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

A Michael F. Sheahan

B SUPERINTENDENT ANDREWS John Doe #1

C John Doe SORT OFFICER #2

D John Doe SORT OFFICER #3

E AREA #3  
HOMICIDE DETECTIVE JOHN DOE #4

F AREA #3  
HOMICIDE DETECTIVE JOHN DOE #5

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

JUDGE GETTLEMAN

MAGISTRATE JUDGE NOLAN

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

\_\_\_\_\_

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331(a) U.S. Code (federal defendants)

\_\_\_\_\_

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

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**I. Plaintiff(s):**

- A. Name: Willbert JACKSON
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: \_\_\_\_\_
- D. Place of present confinement: \_\_\_\_\_
- E. Address: \_\_\_\_\_

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- D. Defendant: Sgt. Officer John Doe 3  
 Title: S.O.R.T Officer  
 Place of Employment: COOK COUNTY JAIL
- E. Defendant: Homicide Detective JOHN DOE 4  
 Title: Area 3 Homicide Detective  
 Place of Employment: Area 3 Police Department
- F. Defendant: JOHN DOE 5 Homicide Detective  
 Title: Homicide Detective  
 Place of Employment: Area 3 Police station

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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**I. Plaintiff(s):**

- A. Name: WILBERT JACKSON
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 2001 0084102
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2600 S CALIFORNIA CHICAGO ILL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: MICHAEL F. SHEAHAN  
 Title: SHERIFF OF COOK COUNTY  
 Place of Employment: THE DALEY CENTER Room 702
- B. Defendant: SUPERINTENDENT ANDREWS JOHN DOE #1  
 Title: SUPERINTENDENT OF DIR 1 COOK COUNTY JAIL  
 Place of Employment: DIR 1 COOK COUNTY JAIL 2600 S. CALIFORNIA
- C. Defendant: OFFICER JOHN DOE 2  
 Title: SORT OFFICER  
 Place of Employment: COOK COUNTY JAIL 2600 S. CALIFORNIA

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (☒) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (☒) NO ( )

C. If your answer is YES:

1. What steps did you take?

I Filed A GRIEVANCE 1/30/02  
Asking Why My Right were violated

2. What was the result?

SUPERINTENDENT ANDREWS  
SAID MY PROBLEM WASN'T WITH COCK COUNTY  
JAIL IT WAS WITH SORT OFFICERS

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

YES. AND TO THIS VERY DAY IVE NOT BEEN  
GIVEN A ANSWER

D. If your answer is NO, explain why not:

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E. Is the grievance procedure now completed? YES ( ) NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES ( ) NO ( )

G. If your answer is YES:

1. What steps did you take?

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2. What was the result?

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H. If your answer is NO, explain why not:

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**IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):**

- A. Name of case and docket number: NO LAW SUITES EVER
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_
- D. List all defendants: \_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_

H. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

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**V. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

in or about the first part of JANUARY 2002  
I WAS CALL BY THE OFFICER ON MY DECK A3  
HE INFORMED ME THAT I'VE BEEN PICKED TO BE  
PLACED IN A LINE UP. I ASKED THE OFFICER COULD  
I REFUSE? HE SAID NO. I ASKED THE OFFICER COULD  
I CALL MY LAWYER? AGAIN THE ANSWER WAS NO.  
I THEN WENT DOWN STAIRS TO POST 78 AND ASKED THE  
EXACT ABOVE QUESTIONS AND WAS TOLD NO ON BOTH  
COUNTS. AT THIS TIME S.O.R.T OFFICER'S JOHN DOE 2  
AND JOHN DOE #3 ESSCORTED ME TO THEIR OFFICE  
I ASKED JOHN DOE 2 S.O.R.T OFFICER WHITE MALE  
GRAY HAIR COULD I MAKE A CALL TO MY LAWYER?  
I WAS TOLD NO! BY HIM AND DONT EVEN ASK!  
AFTER I LOOKED AT DEFENDENT JOHN DOE #3  
SOME TIME LATER AREA #3 HOMICIDE DETECTIVES  
JOHN DOE #4 AND #5 CAME TO PICKED ME UP AND  
TAKE ME TO AREA 3 POLICE STATION WHICH THEY DID  
ON THE RIDE I ASK TO CALL MY LAWYER WHICH  
HE SAID I DONT NEED ~~ANY~~ THAT WAS JOHN DOE #5

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I WAS THEN TAKING THERE AND HAND CUFFED TO THE  
 WALL THEN PLACED IN TWO OR THREE LINE UP  
 AFTER THAT I WAS QUESTIONED AND THEN JOHN DOE<sup>#4</sup>  
 BEGIN BEATING ME IN MY FACE. AND CALLED NAMES  
 LIKE "YOU A HARD AS NIGGA" THIS WAS DONE BECAUSE I  
 DIDN'T KNOW THE PERSON BY THE NAME "DEION" ALSO  
 ANYTHING ABOUT THE CASE, I TOLD JOHN DOE OFFICER<sup>#5</sup>  
 ABOUT THIS AND ASK FOR HIS HELP, AND THAT HIS PARTNOR  
 IS OUT OF LINE! I WAS TOLD BY HIM IT WASN'T ME  
 I WAS GOOD TO YOU I FEEL NONE OF THESE DEFENDENTS  
 DID ANYTHING TO PROTECT ME FROM THIS ATTACK  
 I FEEL DEFENDENT A. MICHAEL F. SHEAHAN IS WRONG  
 FOR ALLOWING SUCH PRATICES TO TAKE PLACE UNDER HIS  
 AUTHORITY (PRISONERS BEING TOUCHERED BY INVESTAGATING  
 TEAMS) I WAS IN COOK COUNTY JAIL COUSITY. NOT  
 DEFENDENTS JOHN DOE<sup>#4</sup> + JOHN DOE<sup>#5</sup> THESE MEN  
 HAD NO RIGHT ACORDING TO THE LAW TO TAKE ME OUT  
 OF HIS COUSITY AND CAUSE BODLY HARM TO COME TO ME  
 PLEASE FIND ENCLOSED ALL HOSPITAL REPORTS AND TREATMEN  
 AS A RESULT OF THIS BEATING, I WAS ALSO REFUSED  
 MEDICAL TREATMENT AT THE TIME OF THE BEATING.  
 AT THIS TIME I WOULD LIKE THIS CASE TO BE  
 OPEN FOR AMENDING COMPLAINTS ONCE I GET MY  
 CASE NUMBER. BECAUES I'M TRYING TO GET THE BONES  
 EXAMINED TO SEE IF I HAVE ANY INJURIES.



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**VI. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I Humbly Request the Court to issue an order that  
defendants "A" through "F" Be Held Responsible for  
their errors and Crime committed against me and  
what ever agency Bonds them to protect the public from  
such crime and unusual treatment to pay what I feel  
is very low for this action's \$ 75,000<sup>00</sup> each in punitive  
damages

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this  
Complaint are true to the best of my knowledge, information  
and belief. I understand that if this certification is not correct,  
I may be subject to sanctions by the Court.

Signed this April day of 19, 2002

Wilbert Jackson  
(Signature of plaintiff or plaintiffs)

WILBERT JACKSON  
(Print name)

2001 00 54102  
(I.D. Number)

(Address)

PART- A / Control #

2002X022

Referred To: \_\_\_\_\_

# COOK COUNTY DEPARTMENT OF CORRECTIONS

## DETAINEE GRIEVANCE

NAME: Rob. JacksonDATE: 01-30-02ID#: 2001 - 0084102DIVISION: 1LIVING UNIT: A4BRIEF SUMMARY OF THE COMPLAINT: On Nov 9, 2001 I WAS Taken outof Cook County By police officer. I was asking ifI can refuse to go on court I call a lawyerand I was told by Cook County officerCook County officer did not let mecall my lawyer

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT :

officer on living unit A3 on Nov 9, 2001 also on post 78 at  
ACTION THAT YOU REQUESTING:DETAINEE'S SIGNATURE: Rob. JacksonC.R.W.'S SIGNATURE: [Signature]DATE: 1/30/02

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

Reg. # 20010084162 Date 1-10-02  
Name: Jackson, Wilbert  
Fine \$ X Sentence: X  
CLOTHING & BED ROLL RECEIVED: X  
Number of items stored: \_\_\_\_\_  
HAT - CAP: \_\_\_\_\_  
size color condition brand  
OVERCOAT: BIK  
size color condition brand  
JACKET: \_\_\_\_\_  
size color condition brand  
SWEATER: BIK  
size color condition brand  
TROUSERS: 36 JEAN  
size color condition brand  
SHIRT: green/white  
size color condition brand  
UNDERSHIRT-SHORTS \_\_\_\_\_  
size color condition brand  
SOCKS: \_\_\_\_\_  
size color condition brand  
SHOES: \_\_\_\_\_  
size color condition brand  
SIGNATURES  
OFFICER: \_\_\_\_\_ STAR# \_\_\_\_\_  
INMATE: Wilbert Jackson  
FCP REVISE FEB. 97

Printed: January 15, 2002 5:08pm

atient Name:	JACKSON, WILBERT	Sex:	M
dmission No:	020010084102	Pt. Class:	O
ed. Rec. No:	000914315	Rad No:	200100006926
	90002		Order No:
eferring Dr:	, MD	Ordering Loc:	Cermak SCDiv1&7
rdering Dr:	SONIA M. LOTT, MD	DOB:	04/02/1980
dmission Date:	01/10/2002	Discharge Date:	

**DATE OF EXAM:** Jan 10 2002      **ACC #:** 6413554

**KDN 1294 - NASAL BONES :**

**CLINICAL HISTORY:** ALTERCATION BT TO NOSE 1 DAY AGO R/O FX

**FINDINGS:** Examination shows bilateral minimally displaced fracture of the nasal bones.

**IMPRESSION:** FRACTURE OF THE NASAL BONES BILATERALLY AS DESCRIBED.

Transcriptionist: DF  
Transcribe Date/Time: Jan 11 2002 2:38P  
Read by : EUGENE LIDOW ,M.D.

This document has been electronically  
Signed by: EUGENE LIDOW ,M.D. On: Jan 15 2002 2:26P

**AGING SERVICES CONSULTATION**  
914315

NAME JACKSON, WILBERT

ACCT #: 020010084102 MR#:

FORM 70

C#2



CERMAK HEALTH SERVICES  
OF COOK COUNTY  
2800 South California Avenue  
Chicago, Illinois 60608

CCDCC#: 20010084102

PATIENT'S NAME: Jackson, Wilbert

DATE OF BIRTH: 4/2/80

LOCATION: Div 1

Come to Ent Clinic  
1/11/02 Spr. Cermak

Consult in clinic  
(Broken nose)

in  
Adrian

This is your Appointment Card for Cermak Health Services. It must be presented to the Health Provider every time you come for sick call or for clinic appointment. If lost, your treatment will be delayed until your record is checked and a new card is issued.

PART - B / Control # 2002X02

## C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL &amp; RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE \*

DETAINEE'S NAME: Wilbert JacksonDETAINEE'S ID #: 2001-008410

IS THIS GRIEVANCE AN EMERGENCY?

YES ☐NO ☒

C.R.W.'S SUMMARY OF THE COMPLAINT:

Alleges that Correctional Officers failed to give him access to contact his lawyerC.R.W. REFERRED GRIEV. TO: Supt. AndrewsDATE & DIV./DEPT. 1/30/02 (1)

RESPONSE STATEMENT:

Per procedure detainees are allowed to go to / in police agencies are not allowed to talk to detainees about any case he is currently in custody on SORT - handles all / in cps and personnel with police departmentsSupt Dennis Andrews  
(print name of individual responding to the griev.)Supt Dennis Andrews  
(signature of individual responding to the griev.)DATE & DIV./DEPT. 1/30/02 - Div 01Supt Dennis Andrews  
(print - name of Supt. / Dept. Admin.)Supt Dennis Andrews  
(signature of Supt. / Dept. Admin.)DATE & DIV./DEPT. 1/30/02 - Div 01Dennis Andrews  
(print - name of Program Manager or Supv.)Dennis Andrews  
(signature of Program Manager or Supv.)DATE: 1/30/02DATE DETAINEE RECEIVED RESPONSE: 01/31/02

DETAINEE'S SIGNATURE

Wilbert Jackson

## REQUEST FOR AN APPEAL

\* APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE \*

DATE DETAINEE REQUEST FOR AN APPEAL:

YES 1/31/02

DETAINEE'S BASIS FOR AN APPEAL:

Supt. Never answer my grievance Request and how about to go about it thank you!

APPEAL BOARD'S ACCEPTANCE OF DETAINEE'S REQUEST:

YES ☐NO ☐

APPEAL BOARD'S REASONING / DECISION / RECOMMENDATION TO SUPERINTENDENT OR ADMINISTRATOR:

APPEAL BOARD'S AUTHORIZED SIGNATURES &amp; DATE:

DETAINEE'S SIGNATURE

DATE: